

# Transformation on the Journey to Value-Based Care

A population health management tool and strategic partnership help one clinically integrated network reach the next level of value-based care.

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—**Shahzina Karim**

Director, Care Management  
EvergreenHealth  
Kirkland, Wash.

In 2014, Kirkland, Wash.-based EvergreenHealth, a multi-specialty system with more than 900 providers serving 850,000 patients, formed a clinically integrated network of nearly 500 providers, representing more than 80 practices across the eastside of the Puget Sound, Seattle region. The goal of that network, EvergreenHealth Partners, was to increase value and quality of care for the region's patients.

As the network thrived, it sought to transform further by enhancing data management and integrating care processes.

## Data Integration

In today's value-based care environment, integration of data is king. With such a large network, however, achieving this integration was no small feat for EvergreenHealth.

With 59 unique EHRs in use across EvergreenHealth Partners' CIN and EvergreenHealth medical group network, the health system needed a solution that would work with its existing EHRs and integrate patient records throughout the network—including its physician practices, which all used a different EHR platform. It also sought a way to aggregate both claims data and clinical data.

As the organization entered into more value-based contracts, "We wanted to be able to track quality indicators for providers that we were being held accountable for on all our different plans," says Monique Ruyle, vice president, clinical integration, EvergreenHealth.

EvergreenHealth also wanted a single place where care managers across the network could access patient information and document their work, according to Ruyle. The health system found the ability to address these issues through a partnership with PHILIPS Wellcentive.

## Value-Based Care Management

Specifically, EvergreenHealth appreciated how the PHILIPS Wellcentive population health platform is designed to help health systems manage data, thereby improving patient outcomes and organizational reporting processes. It does so through what Niki Buchanan, chief customer officer, PHILIPS Population Health, Alpharetta, Ga., calls "the four As":

- **Aggregating** data from different EHR, practice management and other systems across the organization
- **Analyzing** the data for a single patient or group of patients in a population to determine their health status, risk level and next steps for care
- **Acting** on the data using a series of alerts that update clinicians on a patient's need for care and treatment plans and helps those clinicians take actions to benefit that patient
- Being **accountable** for the patient's care via alerts exported through Wellcentive on behalf of the health system to payers or for other reporting, such as government or accountable care reporting

## Centralized Care Management

The software provides timely data to EvergreenHealth's care managers, helping streamline their day-to-day work and allowing them to effectively manage groups of patients.

"We've seen improvement in our network coordinators' time—instead of spending time pushing reports out to all of our individual practice managers, we have empowered our practice managers and trained them to log into the PHILIPS

Wellcentive system,” Ruyle says. The team “uses the alerts we’ve built to streamline their work, allowing them to have direct access to the data rather than wait for it. We can run alerts that aggregate all the patients that are on any of our value-based contracts.”

Shahzina Karim, director, care management, EvergreenHealth, says the PHILIPS Wellcentive platform also will help prevent unnecessary readmissions. “It’s identifying individual patients and patient populations to proactively enable better care,” she says. “It helps us say, ‘This is somebody who looks like they may be getting to high risk, so let’s work with them now before they get to high risk.’ If we can identify risk early, we can significantly reduce costs by preventing the need for expensive tests or future hospitalizations.”

When a patient is discharged, Wellcentive sends an electronic alert to clinicians and recommends a time frame and plan for follow-up. “There’s actually an electronic feed that comes into Wellcentive and says, ‘This person is getting discharged from the hospital today; please do outreach with them in two to three days and then follow that patient through whatever their required care journey is based on their clinical condition,’” Buchanan says.

## Negotiating Strength

Its newfound ability to aggregate such comprehensive clinical data has positively affected EvergreenHealth’s ability to negotiate with payers. Specifically, it has helped EvergreenHealth reconcile the shared savings dollars given to it by payers when the health system has had data that disputes payers’ quality metrics, according to Ruyle.

“We have had opportunities where we were able to use our data and increase the number of dollars we received because the payer agreed with us—after it reran the data—that we had hit all of the metrics,” Ruyle says.

Use of the PHILIPS Wellcentive platform also has helped the health system expand its market coverage, thanks to its ability to share clinical metrics that prove how well the system takes care of its patients. “EvergreenHealth can approach employers in its market and say, ‘In our market, we’ve taken care of populations focusing on these types of chronic conditions. And these are the improvements that we’ve seen. Don’t you want to work with our healthcare system and have us take care of your employees as well?’” Buchanan says.

Overall, the platform has helped EvergreenHealth reduce overhead and drive down costs across the enterprise, decreasing costs to levels equivalent to 2009, according to Buchanan. “The average EvergreenHealth Partners clinic costs \$7 per minute to run,” she says. “Saving just one minute per patient by using technology like PHILIPS Wellcentive’s application can have a substantial financial impact.”

Leveraging the success of its first CIN, EvergreenHealth is now in the process of launching a second, which will bring together two large CINs. PHILIPS Wellcentive will serve as the population health management tool for that network as well.

In an age of quality payment programs, such as the Merit-Based Incentive Payment System, value-based care is no longer just a goal but an imperative. To thrive in this environment, health systems must transform. “The days of commercial plans subsidizing governmental plans have really passed,” Ruyle says. “Although we have not seen an increase from our governmental payers, we are seeing a narrowing of the increase in dollars coming in from our commercial payers. They are looking for more value-based contracts where they reward outcomes rather than just giving a fee-for-service increase.”

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